

Directed Payment Program for Behavioral Health Services (DPP BHS)

Year 2 Application

The Texas Health and Human Services Commission (HHSC) announces enrollment for the Directed Payment Program for Behavioral Health Services (DPP BHS) for the program period covering September 1, 2022-August 31, 2023.

The Directed Payment Program for Behavioral Health Services (DPP BHS) is a directed payment program for Community Mental Health Centers (CMHCs) and Local Behavioral Health Authorities (LBHAs) to promote and improve access to behavioral health services, care coordination, and successful care transitions. The program supports the state's transition to the Certified Community Behavioral Health Clinic (CCBHC) model of care. CCBHCs provide a comprehensive range of evidence-based mental health and substance use disorder services, with an emphasis on the provision of 24-hour crisis care, care coordination, and integration with physical health care.

DPP BHS payments will be included in Managed Care Organizations (MCOs) capitation rates and distributed through two components to enrolled CMHCs and LBHAs who meet program requirements.

Targeted beneficiaries of this program are adults and children enrolled in STAR, STAR+PLUS, and STAR Kids.

Participation:

All CMHCs and LBHAs are eligible to participate in Year 2 of the DPP BHS. Program payments vary across the two classes of CMHCs and LBHAs:

- 1) CMHCs and LBHAs that are certified CCBHCs; and
- 2) CMHCs and LBHAs that are not certified CCBHCs.

Payment Methodology Components:

1) Component 1 is a uniform dollar increase issued in monthly payments to entities participating in the program. As a condition of participation, providers will report on progress made toward certification or maintenance of CCBHC status and provide status updates on DPP BHS quality improvement activities (65 percent of total program value).

2) Component 2 is a uniform percent increase on certain CCBHC services paid on adjudicated claims. As a condition of participation, providers are required to report on metrics that align with CCBHC measures and goals. Providers that have CCBHC certification are eligible for a higher rate enhancement in this component (35 percent of total program value).

The application is comprised of the following sections : (1) CMHC and LBHA Information; (2) Conditions of Participation Requirements; and (3) Certification. The application should take about 10 minutes to complete. Only one application should be submitted for each entity. The application must be submitted by 11:59 PM on March 22nd, 2022. Any application submitted after the due date will not be accepted.

The contact information provided within this application will be used for further communications. Once the application period is complete, the applications will be processed, and follow-up communication will be sent. For questions about the DPP BHS, please visit the HHSC website. For questions regarding the content of the application, please email the question(s) to pfd_dppbhs@hhs.texas.gov (mailto:pfd_dppbhs@hhs.texas.gov), with "DPP BHS Application" in the subject line.

A confirmation email will NOT be sent at the time of survey completion. After survey submission, please print the confirmation page for your records.

* Required

CMHC and LBHA Information

In this section, please enter Community Mental Health Center (CMHC) and Local Behavioral Health Authority (LBHA) information.

Only one application should be submitted for each entity. Please include ALL NPIs associated with your CMHC or LBHA.

1. CMHC or LBHA Name: *

2. Doing Business as (DBA):

3. Billing CMHC or LBHA 10-digit National Provider Identifier (NPI): *

Please list all that apply separated by commas.

Example - 1234567890, 9876543210, 0123456789, etc.

4. Billing CMHC or LBHA 9-digit Texas Provider Identifier (TPI): *

Please list all that apply separated by commas.

Example - 123456789, 987654321, 012345678, etc.

5. Did the provider participate in the DPP for BHS Year 1? *

☐ Yes

☐ No

6. If "Yes" was selected for Question 5, enter the 11-digit DPP BHS Provider ID. This is the identifier the provider uses for quality reporting and is composed of the first initial of the DPP and provider NPI. DPP BHS Provider IDs can be found on the Year 1 DPP BHS scorecards and the DPP BHS PFD webpage under "Enrollment" as well as the link below:

<https://pfd.hhs.texas.gov/sites/rad/files/documents/acute-care/y1-dpp-bhs-provider-id.pdf> (<https://pfd.hhs.texas.gov/sites/rad/files/documents/acute-care/y1-dpp-bhs-provider-id.pdf>).

Example - B1234567890

7. Select the status of the CMHC's or LBHA's CCBHC certification as of March 15th, 2022:

- ☐ CCBHC Certification Obtained
- ☐ CCBHC Certification In-Progress
- ☐ CCBHC Certification Not Started

8. Primary Contact Name: *

9. Primary Contact Title: *

10. Primary Contact Phone Number Without Special Characters: *

Example - 1234567890

The value must be a number

11. Primary Contact Email Address: *

12. Add a secondary contact? *

☐ Yes

☐ No

13. Secondary Contact Name:

14. Secondary Contact Title:

15. Secondary Contact Phone Number Without Special Characters:

Example - 1234567890

The value must be a number

16. Secondary Contact Email Address:

17. Preparer Contact Name: *

☐ Primary Contact

☐ Secondary Contact

☐

Other

18. Preparer Contact Title: *

19. Preparer Contact Phone Number Without Special Characters: *

Example - 1234567890

The value must be a number

20. Preparer Contact Email Address: *

Conditions of Participation Requirements

All quality metrics must be reported as a condition of participation in the program. Detailed information on quality metrics is available at:

<https://www.hhs.texas.gov/services/health/medicaid-chip/provider-information/medicaid-chip-directed-payment-programs/directed-payment-program-behavioral-health-services-dpp-bhs>
(<https://www.hhs.texas.gov/services/health/medicaid-chip/provider-information/medicaid-chip-directed-payment-programs/directed-payment-program-behavioral-health-services-dpp-bhs>).

A provider that fails to submit the required data by deadlines communicated by HHSC will be determined to be not in compliance with program eligibility requirements, will be removed from the program, and will have all funds that it received recouped.

For a structure measure, a provider must submit responses to qualitative reporting questions that summarize progress towards implementing a structure measure. Providers are not required to implement structure measures as a condition of reporting or program participation.

For outcome and process measures, a provider must submit specified numerator and denominator rates and respond to qualitative reporting questions as specified by HHSC.

For Component 2 process and outcome measures, providers must report rates stratified by the following payer types: Medicaid Managed Care, Other Medicaid, Uninsured, and All Payer.

Reported qualitative and numeric data will be used to monitor provider-level progress toward state quality objectives.

Please refer to the SFY23 DPP for BHS Requirements for a listing of Measures by Program Component:

<https://www.hhs.texas.gov/sites/default/files/documents/dpp-bhs-requirements-sfy23-year-2-v1.pdf>
(<https://www.hhs.texas.gov/sites/default/files/documents/dpp-bhs-requirements-sfy23-year-2-v1.pdf>).

Certification

21. By checking this box, I certify that I am completing this application on behalf of an entity designated as a Community Mental Health Center (CMHC) and/or a Local Behavioral Health Authority (LBHA): *

☐ Certify

22. By checking this box, I certify that I understand that as a condition of participation in DPP BHS, an enrolled provider must report data for all measures by deadlines communicated by HHSC. Failure to meet any conditions of participation will result in removal of the provider from the program and recoupment of all funds previously paid during State Fiscal Year 2023 (Year 2). *

☐ Certify

23. By checking this box, I certify that I understand that for Component 2 process and outcome measures, providers must report rates stratified by the following payer types: Medicaid Managed Care (includes STAR, STAR+PLUS, and STAR Kids), Other Medicaid, Uninsured, and All Payer *

☐ Certify

24. By checking this box, I certify that I understand that information I provide may be published at the provider level in interim or final reports to the Center for Medicare and Medicaid Services (CMS) or the public about this program. This information may include the Average Commercial Reimbursement (ACR) gap or the ACR Upper Payment Limit (UPL). *

☐ Certify

25. By checking this box, I certify that no part of any payment made under DPP BHS will be used to pay a contingent fee to an entity that bills on behalf of the CMHC or LBHA, nor does the entity's agreement with the CMHC or LBHA use a reimbursement methodology that contains any type of incentive, directly or indirectly, for inappropriately inflating, in any way, claims billed to the Medicaid program, including the CMHC's or LBHA's receipt of program funds. *

☐ Certify

26. By checking this box, I certify that if the CMHC or LBHA has changed ownership in the past five years in a way that impacts eligibility for the DPP BHS, the CMHC or LBHA will submit to HHSC, upon demand, copies of contracts it has with third parties with respect to the transfer of ownership or the management of the CMHC or LBHA and which reference the administration of, or payment from the DPP BHS. *

☐ Certify

27. Please check the box below if you believe the information you are providing is confidential. *

☐ Confidential

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